Application No.       Filing Date       Examiner       Art t         10/713,772-Conf. #8762       November 14, 2003       P. L. Craig       376         Applicant(s):       Yoshihiro Mori et al.	-US0
Applicant(s): Yoshihiro Mori et al.         Invention: BLOOD PURIFICATION DEVICE         TO THE COMMISSIONER FOR PATENTS         Transmitted herewith is an amendment in the above-identified application.         The fee has been calculated and is transmitted as shown below.         CLAIMS AS AMENDED         CLAIMS AS AMENDED         CLAIMS AS AMENDED         CLAIMS AS AMENDED         Other fee has been calculated and is transmitted as shown below.         CLAIMS AS AMENDED         Other fee has been calculated and is transmitted as shown below.         CLAIMS AS AMENDED         Other fee has been calculated and is transmitted as shown below.         CLAIMS AS AMENDED         Other fee has been calculated and is transmitted as shown below.         CLAIMS AS AMENDED         Number Previously Extra Claims Rate         Previously Extra Claims Present         Amendment         O x 50.00         Independent Claims (check if applicable)         Other fee (please specify):         TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:         Other fee (please specify):         TOTAL ADDITIONAL FEE FOR THIS	
Invention: BLOOD PURIFICATION DEVICE  TO THE COMMISSIONER FOR PATENTS  Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.   CLAIMS AS AMENDED  Total Claims 5 - 20 = 0 x 50.00 0.00  Independent 2 - 3 = 0 x 200.00 0.00  Independent Claims (check if applicable)  Other fee (please specify):  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00  X Large Entity Small Entity  No additional fee is required for this amendment.  Please charge Deposit Account No in the amount of \$	;1
TO THE COMMISSIONER FOR PATENTS         Transmitted herewith is an amendment in the above-identified application.         The fee has been calculated and is transmitted as shown below.         CLAIMS AS AMENDED         Claims         Number         Number         Previously         Atter Claims         Atter         Total Claims       Number         Previously       Number         Previously       Number         Total Claims       S       2.0       a       0       x       50.00       0.000         Independent       2       -       3       0       x       200.00       0.000       Claims         Total Claims       5       2.0       x       200.00       0.000	
Transmitted herewith is an amendment in the above-identified application.         The fee has been calculated and is transmitted as shown below.         CLAIMS AS AMENDED         After Previously Extra Claims Rate         Total Claims 5         Amendment 20 = 0 x 50.00 0.00         Independent 2         2 - 3 = 0 x 200.00 0.00         Multiple Dependent Claims (check if applicable)         Other fee (please specify):         TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00         x       Large Entity       Small Entity         x       No additional fee is required for this amendment.       Small Entity         Please charge Deposit Account No in the amount of \$	
CLAIMS AS AMENDED         CLAIMS AS AMENDED         CLAIMS AS AMENDED         After Previously Previously Present Rate         Total Claims       5       - 20       =       0       x       50.00       0.00         Independent Claims       2       -       3       =       0       x       200.00       0.00         Multiple Dependent Claims (check if applicable)	
CLAIMS AS AMENDED         Claims Remaining After Amendment       Highest Previously Paid       Number Extra Claims       Rate         Total Claims       5       -       20       =       0       x       50.00       0.00         Independent Claims       2       -       3       =       0       x       200.00       0.00         Multiple Dependent Claims (check if applicable)	
Claims Remaining After Amendment       Highest Number Previously Paid       Number Extra Claims       Rate         Total Claims       5       -       20       =       0       x       50.00       0.00         Independent Claims       2       -       3       =       0       x       200.00       0.00         Multiple Dependent Claims (check if applicable)	
Total Claims       5       -       20       =       0       x       50.00       0.00         Independent       2       -       3       =       0       x       200.00       0.00         Multiple Dependent Claims (check if applicable)	
Claims       2       - 3       - 0       X       200.00       0.00         Multiple Dependent Claims (check if applicable)	
Other fee (please specify):         TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:         0.00         x Large Entity         x No additional fee is required for this amendment.         Please charge Deposit Account No.         in the amount of \$	
Other fee (please specify):       0.00         TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:       0.00         x Large Entity       Small Entity         x No additional fee is required for this amendment.       9         Please charge Deposit Account No.       in the amount of \$	
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Please charge Deposit Account No in the amount of \$	
A check in the amount of \$ to cover the filing fee is enclosed.	
Payment by credit card. Form PTO-2038 is attached.	
The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.	-
x Credit any overpayment.	
x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.	17.
Thereas & Dated: August 21, 2007	
Thomas & Bear) Attorney/Agent Reg. No.: 44,528	
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